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A RESEARCH APPROACH TO ESTABLISHING PUPIL SERVICES.

BY- FERRONE, PHILIP A. GILBERTSON, CARLYLE W.

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THE AUTHORS STATE THAT A MORE COMPREHENSIVE APPROACH FOR DETERMINING PUPIL PERSONNEL AND RELATED SERVICES NEEDED IN A SCHOOL SYSTEM IS DESIRABLE. THIS STUDY TOOK PLACE IN THE WISCONSIN COOPERATIVE EDUCATION SERVICE AGENCY 13 AND INVOLVED 87 PERCENT OF THE TEACHERS IN 30 SCHOOLS. THESE TEACHERS IDENTIFIED 2,300 PUPILS IN NEED OF REMEDIAL HELP. FROM THIS NUMBER, A RANDOM SAMPLE OF 265 PUPILS STRATIFIED BY GRADE LEVEL WAS DRAWN AND THEIR RECORDS WERE TURNED OVER TO 10 DIFFERENT PUPIL PERSONNEL, HEALTH, AND ADMINISTRATIVE SPECIALISTS. THESE SPECIALISTS THEN CHECKED ONE OF SIX BEHAVIORAL CATEGORIES (RICE, 1963) TYPIFYING EACH PUPIL'S BEHAVIOR AND INDICATED WHAT SHOULD BE DONE BY MEMBERS OF THE VARIOUS SPECIALTIES FOR THE PUPIL. THE PUPIL AND TEACHER INFORMATION, THE SPECIALIST'S TREATMENT OF THIS INFORMATION, AND A SURVEY OF THE PERSONNEL AND RELATED SERVICES OF THE SCHOOLS AND COMMUNITIES WERE TURNED OVER TO FIVE CONSULTANTS FOR REVIEW. THE CONSULTANTS THEN MET WITH THE INVESTIGATORS AND THE AGENCY COORDINATOR TO DEVELOP GENERAL GUIDELINES FOR THE SCHOOL PROGRAM AND FOR FORMULATION AND IMPLEMENTATION OF THE PROGRAM, AND TO DETERMINE THE PUPIL PERSONNEL TEAM COMPOSITION, ITS COST, AND THE COORDINATION OF ITS MEMBERS. (FS)

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A RESEARCH APPROACH TO ESTABLISHING PUPIL SERVICES

by

Philip A. Perrone  
University of Wisconsin

Carlyle W. Gilbertson  
Wisconsin State University-Oshkosh

How should the pupil personnel and related services needed by a school system be determined? If the assumption could be made that pupils in all systems are similar and if we could further assume similarity in both instructional staffs and community resources, a prototype pupil personnel and related services program could be developed.

The recommended ratio of specialists to pupils, when taken too literally and interpreted as the ideal, necessarily includes all the above assumptions. Most of us are familiar with this number game and some of us have used these "guides" to argue for additional staff.

A more comprehensive approach to determining pupil personnel and related services needed in a school system would be to begin with an operational definition of the functions and competencies of school counselors, school social workers, school psychologists, speech and hearing clinicians, nurses and other medical personnel (Eckerson and Smith, 1966). Added to these specialists should be those in reading, special education, curriculum, and administration. The next steps would be determining the competencies of the instructional staff, surveying existing community services and resources, and most important, determining the "unique" nature and needs of the student body. This study was conducted in this manner.

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This study took place in Cooperative Education Service Agency 13 which is one of 19 similar agencies established in Wisconsin. All public, private and parochial school districts were invited to participate. Staff personnel in grades kindergarten through 12 whose primary responsibility was classroom instruction were involved. This included subject matter teachers such as English, mathematics, art, agriculture, physical education, music, and all regular classroom teachers in elementary school. Administrators, special education teachers, and various pupil personnel specialists were omitted.

In conducting this study an assumption was made that a pupil personnel and related services program receives its uniqueness from the assistance provided pupils requiring remedial help. Preventative services and services to aid in the orderly educational and vocational development of youth would be required for the pupils which are not the focus of this study. Therefore we asked teachers to identify pupils who would have a better learning experience (personal and/or academic) within the classroom if additional information or understanding of the pupils were made available.

The frequencies and percentages of total pupils enrolled who were identified by teachers are shown in Table One. Over 87 per cent of the teachers in the 17 school districts and 13 private schools were involved. The ratio of boys to girls identified by these teachers was 3:1. In total, nearly 2,300 pupils were identified by 1171 teachers. The percent identified ranged from 6.7% in K-3 to 10.2% in 7-9, with a K-12 average of 8%. In the secondary level (grades 7-12) 12% of the boys identified were duplications while less than 5% of the girls were identified by more than one teacher.

--- Enter Table 1 about here ---

All teachers in grades K-3 were females. The ratio of females to males in the other grades was 2.5 to 1 in grades 4-6; 1 to 1.2 in grades 7 and 8; 1 to 2 in high school. It was found that 11.5% of the teachers had either a 2-year or 3-year certificate and another 11.5% of the teachers had master's degrees. The remainder had a bachelor's degree or a few credits beyond. The teachers were relatively stable in that half had moved once in their teaching career and the other half had never moved. The majority of teachers had worked with speech therapists and school nurses but contacts with other pupil personnel specialists were limited.

The procedure used in this study required ten different pupil personnel, health and administrative specialists to recommend the services each pupil would require based on information in the pupil's cumulative record. The record contained current (Spring, 1966) grade and age, academic failures by grade level, intelligence and achievement test scores, attendance records, numbers of schools attended, the exact statement of the teacher who referred the pupil, health record, family background, anecdotal records of teachers and other school personnel over the years, and traumatic events in the child's background. A description of the educational and experiential background of the teacher making the referral was also included. It was not possible to have specialists review the 2,300 cases so a stratified, by grade level, random sample totalling 265 pupils was drawn. A summary of some descriptive data is contained in Table 2.

--- Enter Table 2 about here ---

It can be seen from the data presented in Table 2 that the majority of pupils came from homes in which the father worked at jobs below the skilled level. The pupils were of average intelligence and relatively few

had high absentee records. The lack of information about parents' educational background was due in a large part to the absence of such information in the cumulative record systems in most of the participating schools.

The ten specialists who reviewed each case study consisted of the following:

1. Professor of Curriculum and Instruction
2. Professor of Counseling and Behavioral Studies - Department Chairman
3. Professor of Educational Psychology - Director of University Psycho-Educational Clinic
4. Professor of Educational Psychology - Reading
5. Professor and Director of Social Work
6. Professor of Educational Psychology - Director of School Psychology Program
7. Professor of Educational Administration - Department Chairman
8. Director of Speech Activities - Cooperative Educational Service Agency
9. County Director of Health Services - Nurse
10. County Director of Handicapped Education

The specialists were asked to do the following:

1. Check one of the six behavioral categories described below which typifies the pupil's behavior described by the teachers and other school personnel.
2. Indicate what you feel should be done (PROCEDURE - be as specific as possible) by a member of your discipline for the pupil and/or teacher based upon the information available. Provide the basis for your recommendation.

The behavioral categories developed by Rice (1963) were adapted as follows:

- A. **EMOTIONAL FACTORS.** Examples: Cries very easily; constantly on the move; does not accept responsibility as readily as peers; seems to be in a world all his own; sometimes very depressed; avoids contact with others; would rather be alone.
- B. **INTELLECTUAL FACTORS.** Examples: Does not listen or concentrate very long; school work is too hard for him; does not remember what he reads; misinterprets what he reads and hears; does not complete work on time; fails to achieve although capable of doing the work; language difficulty.
- C. **MOTIVATIONAL FACTORS.** Examples: Has no interest in school or learning; satisfied with low level accomplishments; lazy; bored; poor or negative attitude; frustrated in efforts.
- D. **MORAL FACTORS.** Examples: Lies to get his way; uses profane or obscene language; thinking dominated by sexual problems; steals from others; lacks proper training and manners; does not value or respect others.
- E. **PHYSICAL FACTORS.** Examples: Extensive illness; needs to wash and clean up; deformed body as a result of accident or disease; suffers from headaches, stomach pains, etc., although not physically ill; nervous system disorder as a result of illness or accident.
- F. **SOCIAL FACTORS.** Examples: Aggressive, acting out, talks constantly; has trouble making friends; no self control when around others; many family problems; avoided by others; unacceptable or strange habits.

In Tables 3 and 4 are listed the behavioral categories assigned for boys and girls by the ten specialists and a consensus rating of three trained judges. The trained judges were used to establish a forced consensus rating which hopefully depicts a non-biased (by professional training or experience) assignment of behaviors to categories.

--- Enter Tables 3 and 4 about here ---

Further analysis of the data used to compile Tables 3 and 4 indicated the following:

1. The rank order for categorizing girls' behavior is: 1) Emotional, 2) Intellectual, 3) Social, 4) Motivational, 5) Physical, and 6) Moral. For boys the order is: 1) Emotional, 2) Motivational



3) Social, 4) Intellectual, 5) Physical, and 6) Moral. The position of intellectual and motivational is reversed for the sexes.

2. The pupils in elementary school were identified as having primarily emotional and social problems. Identification of motivational problems increased with the grade level of pupils.
3. There was considerable disagreement among the ten specialists classifying each pupil's behavior. Only 10 pupils (4%) were placed in the same behavioral category by all ten specialists. Thirty-nine pupils (14%) were assigned two categories, 186 pupils (70%) were placed in either three or four different categories, and 30 pupils (12%) were placed in five or six different categories.

Several factors which may have influenced these results were:

Differences among the specialists may have reflected the effects of different disciplines: Psychologist saw more emotional problems; public health nurse saw more physical problems; school counselor saw more motivational problems.

The decrease in identification of emotional and social problems and increase in motivational problems, from lower to upper grades, may be a result of children identified early as having emotional and social problems being identified later as having motivational problems, or those with the former problems dropping out.

The second task asked of the specialists was to make a specific recommendation as to what should be done to help the child and teacher. These recommendations were placed into a nine-point category system which is reported below:

1. Continue child in present classroom - teacher work with child.
2. Continue child in present classroom - teacher and this specialist work with child.
3. Continue child in present classroom - this specialist and other specialists (guidance clinic, e.g.) work with child.
4. Cannot function in present classroom - this specialist and other specialists work with child.
5. Continue child in present classroom - help from specialists other than this specialist needed.
6. Cannot function in present classroom - help from specialists other than this specialist needed.
7. Cannot function in present classroom - different teacher needed, including students who have since dropped out but would have benefited from a different educational experience.
8. Insufficient information for making a diagnosis or prognosis.
9. No help needed.

It should not be assumed that teachers identify only pupils who can remain in the classroom. The specialists' recommendations were dichotomized into either a retain in the present classroom (numbers 1, 2, 3, 5 and 9), or place elsewhere (numbers 4, 6 and 7) category. Category 8 was used sparingly, except by the reading specialist, to indicate "lack sufficient data to make a recommendation."

The specialists evidenced considerable disagreement as to whether the pupils should remain in the classroom or not. As reported in Table 5, among those specialists noting less need for change of classroom (retain in classroom - 1, 2, 3, 5 and 9) were the school nurse (7%), curriculum specialist (9%), reading specialist (13.5%), counselor educator (14%), and the educational administrator (16.5%).



Specialists indicating greater need for a different classroom assignment (4, 6 and 7) were the speech therapist (39%), director of special education (33%), both school psychologists (30%), and the social worker (26%).

A summary of the specialists' recommendations follows. The nine categories correspond to the categories presented previously.

--- Enter Table 5 about Here ---

Specialists also indicated whether they saw their specific discipline involved in assisting the child. Among those specialists who identified their discipline as working with the child and teacher more extensively (numbers 2, 3 and 4) were the school psychologist (83%), public health nurse (81%), social worker (55%), counselor educator (45%), and reading specialist (45%).

Specialists who indicated less contact with the teacher and child were the director of special education (28%), educational administrator (14%), and speech therapist (9%).

The previously described pupil and teacher information, the specialists' treatment of this information, and a survey of the meager pupil personnel and related services within the schools and the communities were turned over to five consultants for their review. The consultants included: The superintendent of the largest school district within the Agency, the director of pupil services from a city school system outside the Agency, a counselor educator, the director of the University psycho-education clinic who is also on the school psychology faculty, and the supervisor of pupil services in the state department of public instruction. In addition to these five consultants, the two

investigators and the Agency coordinator made recommendations.

The specific charge given to the consultants was, "to review the services available in Agency 13, decide what is needed for the 8% studied and the remaining 92% of the pupils. This should include preventative, remedial, and agency-wide services."

After receiving the consultants' independently developed recommendations, they were asked to consider the following before finalizing their recommendations.

1. The 13,000 elementary and 1,000 secondary school pupils in private and parochial schools should be included in the recommendations.
2. It may be necessary to develop a program which can be implemented in stages.
3. The Agency should finance these services for as short a time as possible. (Said differently, local fiscal responsibility should be encouraged to begin early.)
4. Guidelines for administering these services are needed.

A day-long meeting of the consultants and the two investigators was convened after each consultant had reviewed the recommendations of the other four consultants. At the beginning of this meeting the following guidelines were first developed.

1. An adequate record system with particular attention given to teacher observations is needed.
2. Teacher involvement is critical.
3. Reduce teacher-pupil ratio.
4. An interdisciplinary or pupil personnel team approach is required.
5. A continual evaluation of program effectiveness is needed.
6. Provision must be made for serving all schools.

In addition to the above, the statements which follow guided the formulation of program and stages of implementation.

1. It is important that professional personnel staffing these teams be identifiable and responsible to local school districts.
2. Proper utilization of limited services will require selecting a single school and a multiple school district for purposes of demonstration and evaluation.
3. In deciding priority of pupil personnel and related specialists, those capable of working with broad areas of learning and behavioral difficulties will come first because behavioral problems are of initial concern to teachers and administrators.
4. In order to coordinate present and future services, to identify services needed, and to build service through research and curriculum, the Agency should have personnel in each of these areas working as a resource and development team under the direction of the Agency coordinator.

The multiple school district selected has 1,800 elementary and 1,000 secondary school pupils in 13 buildings covering an area of 100 miles with no services presently available. The single school district selected includes 2,500 elementary and 1,800 secondary school pupils in private and public schools and presently has one high school counselor and a half-time social worker. The composition of the personnel team is the same for both districts because of the greater amount of travel time required in the multiple district.

#### Composition of the Pupil Personnel and Related Services Team

##### Grades K-12

One school psychologist, one school psychometrist (psychologist I), two school social workers or one social worker and one elementary school counselor, and two reading consultants (with no classroom teaching).

##### Grades 7-12

Three school counselors.

### Support Personnel

Two team secretaries; two full-time substitute classroom teachers to free classroom teachers for consultation with pupil personnel specialists. These two teachers will also be part of the team and report their impressions of the classroom conditions. Other personnel include a psychiatrist, EENT specialist, and a pediatrician on a half-day a week basis.

### Agency Resource and Development Team

Director of Pupil Services, Behavioral Research Specialist, and a Curriculum Development Specialist. They will be supported by two administrative interns and three secretaries.

### Services to be Distributed Throughout Agency as Needed

Three school psychologists

Two psychometrists (psychologist I)

Two reading consultants (no classroom teaching)

Three school social workers

### Support Personnel

Three secretaries

### Suggested Timetable

- I. Demonstration of team requiring full Agency support for the first two years.
- II. Beginning third year local school district assume 30% of the unit cost. At this time a team would be started in a new area.
- III. Fourth year local school district assume an additional 35% of unit cost.
- IV. Fifth year local school district assume remaining 35% of unit cost.

### Cost

Annual cost for one (pupil personnel and related services) team,

including salaries and expenses for one secretary of \$4,500 and \$130,000 for specialists, would be \$134,500. A break-down of total program costs shows: \$420,000 for salaries, \$87,000 for equipment, benefits and travel, \$20,000 for in-service meetings, and \$50,000 for facilities.

As can be seen from the recommendations, the most apparent conclusions were:

1. A pupil personnel team would be developed and while the unique contributions of each member would be guaranteed, the team contribution to pupil growth and teacher understanding of pupil behavior would be the paramount consideration.
2. The need for support personnel is considerable.
3. The multiple and single school districts to be used would not only allow the participating school to evaluate the benefit of this program but would allow the remaining school districts to observe at first-hand what was taking place and decide upon the program they desired to implement.
4. A research and development team would be housed in the central Agency and would serve in an advisory capacity as well as an evaluative capacity.

#### Implementation

How will the team work: First of all the school psychologist is viewed as the team leader. The basic approach will be a case-study one. It should work as follows:

1. Pupil personnel team meets to discuss teacher referrals. The teacher is present and the pupil's cumulative record is available. This would be a short, 10 or 15 minute, referral conference. Resulting action could range from the teacher gaining sufficient understanding so that this would in effect be a terminal conference, or more typically, it would provide basic data which the team utilizes in determining its course of action.
2. Upon completion of data gathering, case conferences are conducted with referring teachers. Recommendations are made as to the most appropriate personnel (teacher and/or specialists) to conduct further diagnosis and treatment.
3. Periodic conferences with teachers would be held to discuss pupil progress.

The participation of nearly 1200 teachers, the cooperation of over 150 building principals, 20 superintendents of schools, plus the consultants was splendid. The total cost of this project approximated \$12,000. Neither the effort needed to enlist the involvement of all these educators nor the cost was prohibitive in conducting this study. It is too early to tell if planning pupil services in this manner will result in superior services to teachers and pupils. Logically, such should result. It is expected that the efforts of the research and development team will answer this question.

We were impressed by the freedom allowed us by the staff from the Office of Education who are responsible for seeing to the implementation of the Elementary and Secondary School Education Act. This project would not have been undertaken in the manner it was without their help and cooperation.



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TABLE 1

**FREQUENCIES AND PERCENTAGES OF TOTAL PUPILS  
ENROLLED IDENTIFIED BY TEACHERS**

School District	Grade Level									
	Primary K-3		Element. 4-6		Junior 7-9		Senior 10-12		Total K-12	
	f	%	f	%	f	%	f	%	f	%
A	74	8.0	53	8.9	55	9.0	74	8.2	256	8.4
B	10	5.7	11	9.3	17	16.3	11	11.4	49	10.0
C	19	5.5	15	5.5	13	4.3	19	5.0	66	5.1
D	10	6.8	9	8.3	13	13.0	14	11.6	46	9.9
E	29	9.1	12	6.7	25	10.7	22	8.7	88	8.9
F	26	6.9	19	7.3	21	8.1	37	12.5	103	8.6
G	12	5.1	3	2.1	10	6.1	16	7.4	41	5.4
H	33	8.1	17	7.4	34	12.6	19	5.2	103	8.1
I	21	8.2	12	6.0	11	6.7	19	12.8	63	8.2
J	55	8.7	31	6.6	43	9.5	20	4.5	149	7.5
K	76	8.1	45	8.3	79	11.4	114	11.7	314	10.0
L	44	4.2	51	7.3	109	16.7	64	9.7	268	8.8
M	168	6.8	103	7.4	190	12.5	206	11.0	667	9.2
N	31	10.3	20	7.5	23	9.1	16	6.8	90	8.6
O	9	4.5	1	.5	0	0.0	11	6.2	21	2.8
P*										
Q*										
R(Private & Paroch.)	55		68		53		12		188	5.1
Total**	617	6.7	402	6.7	643	10.2	662	8.8	2,324	8.0
% of Total School Population** Identified	27%		17%		28%		28%		100%	

\*Data not available

\*\*Does not include R

**TABLE 2**

**SUMMARY OF DESCRIPTIVE DATA AVAILABLE FOR 200 BOYS AND 65 GIRLS**

	BOYS	GIRLS		
Father's Occupational Level*				
1	3	0		
2	12	2		
3	49	13		
4	48	19		
5	18	7		
6	40	17		
Unknown	30	7		
Pupil's I.Q. Scores**				
Less than 84	22	14		
Between 84 and 116	145	41		
More than 116	12	2		
Unknown	21	8		
Average Days Absent per Year				
Less than 9	116	34		
9-18	59	22		
19-36	16	8		
37-54	1	0		
Over 55	1	0		
Unknown	7	1		
Parents' Educational Level	Father's	Mother's	Father's	Mother's
8th or less	18	12	11	5
Some high school	16	12	7	8
H. S. graduate	32	53	5	9
Some post-high school	6	6	0	3
College degree	13	4	2	1
Beyond B.S.	4	0	0	0
Unknown	111	113	40	39

\* Categorized according to the levels in Roe (1956)

\*\* Tests used include Kuhlman and Anderson, Henmon-Nelson, Primary Mental Abilities Test, California Test of Mental Maturity

**TABLE 3****PERCENT OF 200 BOYS ASSIGNED BY SPECIALISTS TO EACH BEHAVIORAL CATEGORY**

<b>Specialists</b>	<b>Emo- tional</b>	<b>Intel- lectual</b>	<b>Motiva- tional</b>	<b>Moral</b>	<b>Physical</b>	<b>Social</b>	<b>None Fit</b>
<b>Social Worker</b>	32	15	14	1	8	27	3
<b>Reading</b>	16	12	34	1	5	30	2
<b>Speech</b>	36	7	22	0	18	17	0
<b>Special Education</b>	27	13	13	6	6	28	7
<b>Public Health Nurse</b>	24	14	24	3	19	12	4
<b>School Psychologist I</b>	42	18	13	4	3	18	2
<b>School Psychologist II</b>	53	17	12	0	2	13	3
<b>Counselor</b>	20	16	30	1	3	29	1
<b>Curriculum</b>	41	13	22	.5	8	15	.5
<b>Administration</b>	24	13	27	3	5	27	1
<b>Judges' Consensus</b>	21	15	26	1	3	34	0

TABLE 4

PERCENT OF 65 GIRLS ASSIGNED BY SPECIALISTS TO EACH BEHAVIORAL CATEGORY

Specialists	Emo- tional	Intel- lectual	Motiva- tional	Moral	Physical	Social	None Fit
Social Worker	32	20	8	0	9	28	3
Reading	20	22	25	0	4	28	1
Speech	35	16	7	0	10	32	0
Special Education	23	26	6	4	7	22	12
Public Health Nurse	25	16	22	4	19	14	0
School Psychologist I	36	25	14	3	1	20	1
School Psychologist II	60	23	7	0	3	7	0
Counselor	18	23	31	1	5	22	0
Curriculum	47	18	12	0	12	11	0
Administration	31	25	14	4	3	23	0
Judges' Consensus	30	20	30	1	1	18	0

TABLE 5  
SPECIALISTS' RECOMMENDATIONS OF HELP NEEDED

Specialists	1*	2*	3*	4*	5*	6*	7*	8*	9*
Social Worker	35	55	59	33	32	34	3	5	9
Reading	19	72	18	29	63	6	1	46	11
Speech	35	3	10	10	105	85		7	2
Special Education	0	0	3	70	171	10	8	3	0
Public Health Nurse	2	48	162	5	29	4	8	7	0
School Psychologist I	4	7	129	85	28	7	0	3	2
School Psychologist II	5	50	70	51	50	33	3	3	0
Counselor	28	100	117	3	82	32	3	0	0
Curriculum Specialist	76	0	0	0	160	10	13	6	0
Administrator	3	5	21	11	192	32	1	1	0

\*Categories recommending retain pupil in present classroom.